



Docket No.
D01/166

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
DISPERSIBLE CONCENTRATE FOR THE DELIVERY OF CYCLOSPORIN

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International

Application Number _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

N/A

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional

<u>09/223,378</u>	<u>30 DEC 98</u>
(Application Serial No.)	(Filing Date)

<u> </u>	<u> </u>
(Application Serial No.)	(Filing Date)

<u> </u>	<u> </u>
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 385(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

<u>PCT/IL99/00710</u>	<u>30 DEC 99</u>	<u>PENDING</u>
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

<u> </u>	<u> </u>	<u> </u>
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

<u> </u>	<u> </u>	<u> </u>
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

D'VORAH GRAESER

40,000

Send Correspondence to: **DR. D. GRAESER LTD.**
C/O THE FOLKINGHORNS
9003 FLORIN WAY
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Direct Telephone Calls to: (name and telephone number)
THE FOLKINGHORNS: 301-952-1011

Full name of sole or first inventor

ABRAHAM DOMB

Sole or first inventor's signature

X Abraham J. Domb

Date

10.9.2001

Residence

16 MIGDAL EDER STREET, EFRAT 90436, ISRAEL

Citizenship

ISRAEL

Post Office Address

16 MIGDAL EDER STREET, EFRAT 90436, ISRAEL

Full name of second inventor, if any

Second inventor's signature

Date

Residence

Citizenship

Post Office Address

Form PTO-1636
(Rev. 6-93)

OMB No. 0651-0011 (exp. 4/94)

Tab settings =>=>=>

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and trademark officePATENTS ONLY **Rec'd PCT/PTO****17 SEP 2001**

T the Honorable Commissioner of Patents and Trademarks: Please record the attached original document or copy thereof.

1. Name of conveying party(ies):

DOMB, ABRAHAMAdditional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other _____Execution Date: **10 SEPT 2001**

2. Name and address of receiving party(ies)

Name: **DEXCEL LTD.**

Internal Address: _____

Street Address: **PO BOX 50**City: **HADERA** State: **ISRAEL** ZIP: _____Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

09/869,519

B. Patent No.(s)

09/20/2001 UEDUVIJE 00000061 09869519

01 FC:581

40.00 DP

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **D'vorah Graeser**

Internal Address: _____

Street Address: **c/o The Polkinghorns****9003 Florin Way**City: **Upper Marlboro** State: **Maryland** ZIP: **20772**6. Total Number of applications and patents involved: **1**7. Total fee (37 CFR 3.41).....\$ **40**☒ Enclosed☐ Authorized to be charged to deposit account

8. Deposit account number: _____

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

D'vorah Graeser

Name of Person Signing

Signature

Sept 16 2001

Date

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

07/11/01 14:30 NO. 917 03/07
07/11/01 14:30 NO. 070 02/03

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned:

ABRAHAM DOMB
16 MIGDAL EDER STREET
EFRAT 90438
ISRAEL

(hereinafter called the "assignor"), hereby sells, assigns and transfers to:

DEXCEL LTD.
P.O. BOX 50
HADERA
ISRAEL

(hereinafter called the "assignee"), its successors, assignees, nominees or other legal representative the Assignors' entire right, title and interest in and to the invention entitled:

DISPERSIBLE CONCENTRATE FOR THE DELIVERY OF CYCLOSPORIN

described and claimed in the following patent applications:

U.S. Patent Application Identified as Attorney docket No. D01/166;

and in and to said Patent Applications, and all original and reissued Patents granted therefor, and all divisions and continuations thereof, including the right to apply and obtain Patents in all other countries, the priority rights under International Conventions, and the Letters Patent which may be granted thereon;

Signed and sealed this 10 day of September 2001

X Abraham J. Domb
ABRAHAM DOMB